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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33216

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4406

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>47 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>318⁰ 3430 East 9th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3430 East 9th Street</u> | | | |

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|-------------------------------------|---------------------------|--------------------------|--------------------------|---------------------------------------|----------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Raymond</u> | b. (Middle) <u>Lloyd</u> | c. (Last) <u>English</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>Oct. 13, 1955</u> |
|-------------------------------------|---------------------------|--------------------------|--------------------------|---------------------------------------|----------------------|

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|--------------------|-------------------------------|--|--------------------------------------|---|-------------------|------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) <u>DIVORCED</u> | 8. DATE OF BIRTH <u>Aug. 2, 1908</u> | 9. AGE (In years last birthday) <u>47</u> | IF UNDER 28 YEARS | IF UNDER 28 HRS. |
| | | | | Days | Hours | Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Crane Operator</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Elizer, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>ANDREW A ENGLISH</u> | 13b. MOTHER'S MAIDEN NAME <u>LAWSON (ALICE)</u> | 14. NAME OF HUSBAND OR WIFE <u>SARAH MARIE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>495-05-8098</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice English Redano</u> | ADDRESS <u>Calif.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Longestere heart failure, mitral insufficiency</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4222</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hyper-cardiosclerotic (fibrous)</u> | | |
| | DUE TO (c) <u>unknown</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary embolism, right lower lobe pneumonia, lower lobe, left lung</u> | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
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22. I hereby certify that I attended the deceased from at autopsy to _____, 19____, that I last saw the deceased alive on Oct 12, 1955 and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John E. Johnson MD</u> | (Degree or title) <u>D</u> | 23b. ADDRESS <u>Research Hospital</u> | 23c. DATE SIGNED <u>Oct 13 1955</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>OCT. 15, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u> | 24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>10-14-55</u> | REGISTRAR'S SIGNATURE <u>Wend Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman & Son Inc. K.C. Mo</u> | ADDRESS |
|--|--|---|---------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. C. Quinn*.....

Licensed Embalmer No. *4879*

P. O. Address *K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.